2008 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 28, 2008 8:00 am Secretary of State DOCUMENT # P99000051316 1. Entity Name DEMANDSTAR.COM, INC. 08-28-2008 90001 006 ***550.00 Mailing Address Principal Place of Business 1260 MERCER STREET 1260 MERCER STREET SEATTLE, WA 98109 SEATTLE, WA 98109 2. Principal Place of Business - No P.O. Box # 3. Maiting Address 509 Olive Way 509 Olive Way Suite, Apt. #, etc 07172008 Chg-P CR2E034 (12/06) Suite 400 City & State 4. FEI Number Applied For 59-3590973 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201-HAYS STREET TALLAHASSEE, FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE Change ☐ Addition Pickett Michzel D. NAME PICKETT, MICHAEL D NAME 509 Olive way, Suite 400 Seattle, WA 98101 STREET ADDRESS 1260 MERCER STREET STREET ADDRESS CITY-ST-ZIP SEATTLE, WA 98109 City-ST-ZIP D ☐ Delete 🔽 Change ☐ Addition Way, Comeron S. 509 Olive Way, Suite 400 WAY, CAMERON S NAME NAME STREET ADDRESS 1260 MERCER STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SEATTLE, WA 98109 Sezttle, WA ~ 10186 TITI F ☐ Delete TIT2 F Change ☐ Addition Kurn, Sotovno KWON, SO YOUNG NAME NAME 509 Olive way, Soile 400 Seattle, WA 98101 STREET ADDRESS 1260 MERCER ST STREET ADDRESS SEATTLE, WA 98109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like expowered. 206-373-9404 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _